

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
3	1							
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TOTAL IND.	16	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	64	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	80	↓	↓	↓	↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 REV 3-78

U S DEPARTMENT OF COMMERCE
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